

Fill in this information to identify your case:

Debtor 1	Patrick	Scott	Blackwell
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Mary	Diana	Blackwell
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF VIRGINIA		
Case number (if known)	15-51246		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Carpenter****Employer's name****Beebe Construction****Employer's address****905 Thornhill Road**

Number Street

Lexington

City

VA 24450

State Zip Code

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Dining**Aramark**

Number Street

City

State Zip Code

How long employed there? **8 Years****2 Months****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$3,206.67	\$1,191.67
3. Estimate and list monthly overtime pay.	+ \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$3,206.67	\$1,191.67

Debtor 1 **Patrick** **Scott** **Blackwell** Case number (if known) **15-51246**
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	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$3,206.67	\$1,191.67
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$585.00	\$145.17
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$162.46	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$747.46	\$145.17
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,459.21	\$1,046.50
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: Contribution from Tax Refund	8h. + \$550.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$550.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$3,009.21	\$1,046.50
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$4,055.71	\$4,055.71
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Note: Wife recently started new employment with Aramark. Income above is future estimated income. Husband's income above in YTD average.		Combined monthly income

Fill in this information to identify your case:

Debtor 1	Patrick	Scott	Blackwell
	First Name	Middle Name	Last Name
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	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)	15-51246		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Daughter</u>	<u>4</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>10</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>12</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>13</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4. \$954.00

4a. _____

4b. _____

4c. \$50.00

4d. _____

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Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$349.00
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services (See continuation sheet(s) for details)	6c.	\$135.00
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	\$850.00
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning (See continuation sheet(s) for details)	9.	\$300.00
10. Personal care products and services	10.	\$100.00
11. Medical and dental expenses (See continuation sheet(s) for details)	11.	\$200.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$500.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	\$77.00
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

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21. Other. Specify: **See continuation sheet** 21. + **\$100.00**

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a.	\$3,715.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$3,715.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$4,055.71
23b. Copy your monthly expenses from line 22c above.	23b.	\$3,715.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$340.71

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

- ☒ No.
☐ Yes.

Explain here:
None.

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6c. Telephone, cell phone, Internet, satellite, and cable services (details):

Cell Phone \$55.00
Cable/Satellite/Internet \$80.00

Total: \$135.00

9. Clothing, laundry, and dry cleaning (details):

Clothing \$300.00

Total: \$300.00

11. Medical and dental (details):

Medical/Dental \$100.00
Prescriptions \$100.00

Total: \$200.00

21. Other. Specify:

Pet Care & Food \$50.00
Emergency Fund \$50.00

Total: \$100.00

Debtor(s): **Patrick Scott Blackwell**
Mary Diana Blackwell

Case No: **15-51246**
Chapter: **13**

WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION

Augusta Health Care for Women
39 Beam Lane
Fishersville, VA 22939

Dish Network
404 Brock Drive
PO Box 3517
Bloomington, IL 61702-3517

Portfolio Recovery Associates
PO Box 12944
Norfolk, VA 23541-0000

Blue Ridge Dermatology
1151 13th Street
Waynesboro, VA 22980

Eos Cca
Po Box 981008
Boston, MA 02298

Receivables Performance Mangeme:
Attn:Collections/Bankruptcy
PO Box 1548
Lynnwood, WA 98036

Blue Ridge Pathologists
70 Medical Center Circle, Suite
Fishersville, VA 22939

Farm Credit Of The Vir
106 Sangers Ln
Staunton, VA 24401

Rockbridge Regional Library
138 S. Main Street
Lexington, VA 24450

Calvary Portfolio Services
500 Summit Lake Dr
Ste 400
Valhalla, NY 10595

GE Capital Retail Bank*
P.O. Box 960061
Orlando, FL 32896-0061

Springleaf Financial S
96 E Midland Trl Ste 200
Lexington, VA 24450

Carilion Lab
1315 Second Street Suite 305
Roanoke, VA 24016-0000

GE Money Bank
PO Box 960061
Orlando, FL 32896

Stern Recovery Services, Inc.
415 N Edgeworth St
Greensboro, NC 27401

Century Link
555 Lake Border Dr #102-1037
Apopka, FL 32703

HSBC Bank USA, N.A.*
P.O. Box 2013
Buffalo, NY 14240

Tcm Bank Na
PO Box 31481
Tampa, FL 33631

Comenity Bank/Peebles
PO Box 182125
Columbus, OH 43218

Internal Revenue Service***
P O Box 7346
Philadelphia, PA 19114-7346

Unique National Collection
119 E Maple St
Jeffersonville, IN 47130

Credit One Bank Na
PO Box 98873
Las Vegas, NV 89193

Kohls/Capital One
PO Box 3120
Milwaukee, WI 53201

Va Department Of Taxation*
Bankruptcy Unit
P O Box 2156
Richmond, VA 23218-0000

Creditors Collection S
PO Box 21504
Roanoke, VA 24018

Midland Funding
2365 Northside Dr
Suite 300
San Diego, CA 92108

Valley Credit Service
Po Box 7090
Charlottesville, VA 22906

David & Susie Blackwell
486 Stuarts Road
Fairfield, VA 24435

Pinnacle Credit Services
PO Box 640
Hopkins, MN 55343

Verizon****
500 Technology Dr. # 550
Weldon Spring, MO 63304-2225

Debtor(s): **Patrick Scott Blackwell**
Mary Diana Blackwell

Case No: **15-51246**
Chapter: **13**

WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION

Wells Fargo Home Mortgage
Written Correspondence Resolution
MAC # X 2302-04E PO Box 10335
Des Moines, IA 50306